

and example in the world, this country should strive to carve out a premier health care system that works for everyone, not just the politically connected, not just the moneyed. For every American, we have safeguarded the promise of life, liberty, and happiness—and we ought to make good on that. We can have none of the three without adequate health care. This should be our national pride: to continually develop and improve upon our remarkable successes in medicine, to shape and mold a health care system that is the envy of the world.

An April 22 New York CARIB News piece, titled "Organ Donation A Crisis Among Minorities" and written by Dr. Jennifer Wider, denotes these concerns and offers solutions.

ORGAN DONATION A CRISIS AMONG MINORITIES

The number of people needing organ transplants is rising faster than the number of donors, according to statistics from the U.S. Department of Health and Human Services. Roughly 77 people receive organ transplants per day in the United States, but 18 people die each day waiting for transplants that will never happen due to the shortage of available organs.

Organ transplantation involves putting organs or tissues from one person into the body of another person, whose organs or tissues have been damaged or are no longer working.

"The recipient has to be immunologically matched to the donor well enough that the organ won't be immediately rejected," says Mark Schnitzler, Ph.D., assistant professor of health administration at Washington University School of Medicine in St. Louis. "Blood type match has to be acceptable and the recipient can't be already sensitized to the donor's tissue types."

The need for transplants is particularly high among minorities, especially among African-Americans. Of the 83,000 people on the national transplant waiting list, approximately fifty percent are minorities, according to United Network for Organ Sharing.

According to a recent study in the American Journal for Respiratory Critical Care Medicine, David J. Lederer, M.D., and colleagues at Columbia University College of Physicians and Surgeons in New York found that, "After listing for lung transplantation, African-American patients with chronic obstructive pulmonary disease were less likely to undergo transplantation and more likely to die or be removed from the list compared with Caucasian patients." Unequal access to care is among the likely reasons Lederer and his team cited for this disparity.

Organ donation recipients are more likely to match up to others of their own race and ethnicity. "Both blood type and tissue types have racial and ethnic patterns," Schnitzler said. That is why it is important to look into ways to increase minority organ donations.

The need for more donor organs among minority women is especially great because minority women suffer disproportionately from certain diseases of the kidney, heart, lung, pancreas, and liver that can lead to organ failure.

"Minority women are well represented as a share of the total population that donates organs, but their need for transplants is greater," said Sherry Marts, Ph.D., vice president of scientific affairs for the Society for Women's Health Research, a Washington, D.C., based advocacy organization. "Because of a shortage of appropriate donor organs, minority women often have to wait longer for doctors to find a match. Sadly, many die waiting. With more donated organs from minority women, finding a match will be quicker, waiting times will be cut and more lives will be saved."

Further complicating matters are studies that show the biological sex of the organ donor and recipient can affect transplant success. At least one study has found that the combinations least likely to result in organ rejection are female recipient-male donor, followed by male recipient-male donor.

"These findings have not yet affected clinical practice because of the organ shortage," Marts said. "Doctors can't afford to wait for the most optimal donor-recipient combination where the sex of the patients is concerned. They have to make the best decisions possible with the limited organs available. As organ preservation techniques improve, however, this could become a factor."

Health promotion and disease prevention programs are needed to shed light on the diseases and negative lifestyle choices that may increase the need for organ transplants. Diseases such as diabetes and hypertension and behaviors including alcohol and substance abuse, poor nutrition and lack of exercise are all risk factors for diseases that can cause permanent or irreversible damage to organs and tissues.

The Minority Organ Tissue Transplant Education Program is working to increase awareness for minority organ donation. This program also provides information that is vital to good health and can delay or prevent the need for organ transplants. Here are some of the program's key tips:

Have your blood pressure checked at least twice per year after age 12; Diabetics should have blood pressure checked regularly and follow diet and exercise instructions; Avoid alcoholic beverages to help prevent liver disease; Avoid use of illegal drugs such as marijuana, heroin and cocaine which cause liver disease and kidney failure; Avoid smoking cigarettes which can lead to heart and lung disease; Avoid foods high in cholesterol and saturated fats such as fried foods which can clog the arteries; Establish a regular exercise routine which should be performed at least three times per week; Visit your doctor at least once per year for a check-up.

April is National Donate Life Month. Information about organ and tissue donation is available on a special Web site from the U.S. Department of Health and Human Services: <http://www.organdonor.gov/>.

COMMEMORATING ASIAN PACIFIC AMERICAN HERITAGE MONTH

HON. NEIL ABERCROMBIE

OF HAWAII

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 14, 2008

Mr. ABERCROMBIE. Madam Speaker, I rise today to commemorate Asian Pacific American—APA—Heritage Month. I am pleased to celebrate this important event.

May 2008 marks 30 years since President Jimmy Carter signed a joint Congressional resolution declaring the first 10 days of May as Asian Pacific American Heritage Week. In 1992, the commemoration was extended to the full month of May.

While it's an appropriate time to note the achievements of Asian Pacific Americans, APAs, we cannot overlook the needs of the community, including a fair and sensible immigration policy. I chair the Immigration Task Force of the Congressional Asian Pacific American Caucus's, CAPAC, and I will continue to fight for the needs of family within the immigration debate.

The challenge has become much more difficult in the last year because the presidential

primary campaigns have poisoned the discussion, focusing all their attention on undocumented immigrants from Mexico and calls for higher fences and tougher enforcement. Completely ignored is the fact that immigration issues facing Asian and Pacific Americans are far different. And those issues have been completely drowned out by the shrill demonization of illegal immigrants.

One of the major issues for the Asian Pacific American community is family reunification: allowing relatives of legal permanent residents, other than spouses and minor children, to immigrate legally and join their families. It can take the U.S. Citizenship and Immigration Services (USCIS) as long as 23 years to even consider an application for a family member from the Philippines.

The extended family is a foundation in many of our cultures, and it provides real benefits to the greater society as well. Families often pool resources to educate children or purchase homes and establish roots in their communities. We often see extended family networks starting businesses, providing economic development and jobs.

It is important that we move the debate on immigration past the bumper sticker solutions that have dominated the public dialog and work together to advocate for the needs of family. I believe we must find a just, practical and humane response to the 12 million undocumented immigrants living in the shadows of our society. But, we cannot forget that families that are separated tear at the very fabric of what America means. I urge my colleagues to learn more about this issue during APA Heritage Month and throughout the year, and work for comprehensive and human immigration reform for the APA community.

HONORING BARBARA KORNER

HON. ELIOT L. ENGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 14, 2008

Mr. ENGEL. Madam Speaker, Barbara Korner throughout her life, interwoven with the strands of wife, mother, and teacher are patterns that appear and reappear: Her devotion and love for the Sinai Free Synagogue makes Kehillah Kedosha (sacred congregation) a way of life in all that she does.

She reaches out to all, teaching the youngest, Beresheet Bunch, to welcoming the eldest at services; to honoring the most revered as chair of the Congregant of the Year dinner dance. She initiates new relationships and strengthens existing ones in the Women's Spirituality Circle, as well as giving herself to fundraising projects such as Honey for Rosh Hashanah.

Whether serving food during a concert, shopping for bagels for an adult education brunch, or selecting beautiful Judaica for the shop, she brings friendship and caring to the synagogue community.

She has a long history of volunteerism at Sinai Free Synagogue, and the Free Synagogue before that. She has been honored with the Congregant of the Year Award, having served as Religious School Board co-chair, Hospitality Chair for the successful congregational dinners, and co-chair to the Jewish Festival.